



* U C C 1 *

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] JOSEPH P. COLAFRANCESCO |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) CAL SUPPLY COMPANY INCORPORATED P.O. BOX 8605 CRANSTON, RI 02920 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|--|---|---|---|---|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names | | | | |
| 1a. ORGANIZATION'S NAME URSCHEL TOOL COMPANY | | | | |
| OR | | | | |
| 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 43 NAVAHO STREET | | | | |
| CITY CRANSTON | | STATE RI | POSTAL CODE 02907 | COUNTRY USA |
| 1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION AC DBG | 1f. JURISDICTION OF ORGANIZATION R.I. | 1g. ORGANIZATIONAL ID #, if any 13659 <input type="checkbox"/> NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names | | | | |
| 2a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | | | | |
| CITY | | STATE | POSTAL CODE | COUNTRY |
| 2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - insert only one secured party name (3a or 3b) | | | | |
| 3a. ORGANIZATION'S NAME CAL SUPPLY COMPANY INCORPORATED | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS P.O. BOX 8605 | | | | |
| CITY CRANSTON | | STATE RI | POSTAL CODE 02920 | COUNTRY USA |

4. This FINANCING STATEMENT covers the following collateral:

- SULLIVAN PALATEK AIR COMPRESSOR
MODEL# 40VFD
SERIAL# 07B085

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| 5. ALTERNATIVE DESIGNATION (if applicable): | <input type="checkbox"/> LESSEE/LESSOR | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) | 7. TO REQUEST A SEARCH REPORT, FILE A UCC11 | | | | | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |